

FILED JUL 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24681

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6008

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO (1)		c. LENGTH OF STAY (In this place) 1 WEEK	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI BAPTIST Hosp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
3. NAME OF DECEASED (Type or Print) a. (First) PAULINE b. (Middle) - c. (Last) CARVERTON		d. STREET ADDRESS (If rural, give location) 3334 <sup>th</sup> MINNESOTA	
4. DATE OF DEATH (Month) (Day) (Year) JULY 8 1949			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH MARCH 17, 1886
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days 21 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME VALENTINE GROSSHAUS		13b. MOTHER'S MAIDEN NAME SOPHIE HANKE	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS GILBERT CARVERTON 3425 <sup>th</sup> PENNSYLVANIA
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Filus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 2. Premia from acute cholecyctitis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 7-3-49		19b. MAJOR FINDINGS OF OPERATION Acute Cholecyctitis	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 102	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4444	
22. I hereby certify that I attended the deceased from 10-20, 1949, to 7-8, 1949, that I last saw the deceased alive on 7-8, 1949, and that death occurred at 7:00 P.M., from the causes and on the date stated above.			
23a. SIGNATURE Elwin D. Smith (Degree or title)		23b. ADDRESS 3258 Lafayette	23c. DATE SIGNED 7-9-49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY 11 1949	24c. NAME OF CEMETERY OR CREMATORY LAUREL HILL GARDENS	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO
DATE REC'D BY LOCAL REG. JUL 9 1949	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Grannis	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
0.48

*Ames*

*Ames*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Ames C Hill*

Licensed Embalmer No. \_\_\_\_\_

*4347*

P. O. Address \_\_\_\_\_

*2906 Travis*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.